

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 2 1942

Registration District No. \_\_\_\_\_

Primary Registration District No. 1009

Registrar's No. 289

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
State Hospital #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years  
(Specify whether years, months or days)

In this community 4-2 5 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME CHLOYA UTHE

8. (b) If veteran, name war

8. (c) Social Security No. None

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Perry Uthe

6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased September 26 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>5</u>	<u>20</u>	hr. min.

9. Birthplace Shawberry, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name J. A. Sency

13. Birthplace Davies Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Sella Downing

15. Birthplace Davies Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature State Hospital #2

(b) Address St. Joseph, Missouri

17. (a) Reburied (b) Date thereof 3-19-42  
(Special occasion, or removal) (Month) (Day) (Year)

(c) Place: burial or re-~~creation~~ Coff. Cem. Davies Co.

18. (a) Signature of funeral director Mrs. Kate Stroup

(b) Address Uniontown, Mo.

19. (a) 3-16-42 (b) P. J. Matthies  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Davies 011

(c) City or town Shawberry  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) If foreign born, how long in U. S. A.? 20 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16  
year 1942 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 6  
1941, to March 16, 1942;  
that I last saw her alive on March 16, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Influenza and myocarditis

Due to \_\_\_\_\_

Duration  
about 1 year

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. J. Matthies (M. D. or other) MD  
Address State Hospital #2 Date signed 3-16-42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**